

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Abby Akers

SPECIES Feline

BREED DSH

SEX FS

AGE 9 Years

WEIGHT 7.05 lbs

INTERPRETED BY Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

4/5/21 Presented for lily exposure. Lab work showed normal renal values - 7/28/21 Abbey was presented for vomiting daily, 3-4 weeks duration, sometimes with distressed vocalizations. She was still eating well. - 7/28/21 The vomitus appears as food, mucus, bilious fluid, and one incidence of "coffee grounds." - 7/28/21 On physical exam she has lost 0.7 lbs since April and is pale. There is the impression of an amorphous ventral abdominal mass in the cranial abdomen on palpation. She is pale and subdued. - 7/28/21 Labs and RADs detailed below, non-diagnostic - 7/28/21 Treated with buprenorphine and Cerenia with reduction in vomiting and pain - 8/5/21 O elected treatment for GI ulceration with omeprazole and sucralfate. The vomiting subsided. - 8/15/21 Appetite declined, no hardly eating. - 8/18/21 Today: weight loss of 0.25 lbs since 7/28/21. Anorectic Current Medications None

Radiographic Findings Please see both radiographic images and the radiograph interpretation emailed separately. Excerpt of report follows: Conclusion: 1. Soft tissue opacity content within the stomach and small intestine give the impression of recently ingested food although cannot be definitively differentiated from foreign material given the history of vomiting. There could also be foreign material in the stomach obscured by normal ingesta. An obstructive pattern is not identified. Partial/intermittent obstruction of the gastric outflow tract or small intestine cannot be entirely excluded. Other differentials for vomiting are also possible. 2. Mild flattening and caudal positioning of the diaphragm may represent normal variation in the absence of lower airway signs. If coughing is reported, asthma with mild air trapping is also considered. 3. No abnormalities suspected at the arrows included on the images. Recommendations: 1. Blood work as planned. 2. Abdominal ultrasound could also be considered for further investigation, ideally with the patient in a fasted state. Pax Harness DVM, DACVR Primary Question/Differential to Be Answered in This Exam 1. Is there a mass near the stomach impeding outflow? 2. Is there gastric ulceration? 3. Generated DDx for pain, vomiting, wt loss

Abnormal PE/Chem/CBC/UA Results: Laboratory Findings Please see laboratory results sent via email. Summary: - normal renal values - hypomagnesemia Mg = 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone und pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process are noted.

Left kidney measures 3.21 cm length, right kidney 3.40 cm. There is a clear corticomedullary definition. The subcapsular region reveals an indicated tiny hypoechoic rim.

Renal pelvis and exit to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are regarded as normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.59 cm. There are no signs of diffuse or nodular/focal changes are noted.

Liver/Gallbladder

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

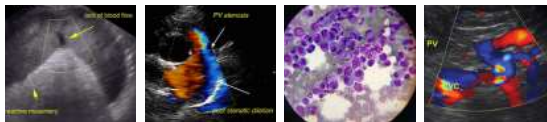
Sharon Forster-Blouin
PhD DVM

INVOICE

47047

DATE

8-19-21



PATIENT

Abby Akers

Liver images are inconspicuous. Liver echogenic texture appears mildly hyperechoic. Deviation of vasculature is not noted. Evidence of nodular or focal changes is not visible. The gallbladder is unremarkable without signs of relevant sludge, a florid process or cholestasis.

SPECIES

Gastrointestinal

Feline

There is severe thickening of the gastric wall recognized at the level of the pylorus with maximum transverse diameter of 1.25 cm. The gastric wall is highly hypoechoic, wall layering is lost. The transitions to normal wall indicate residual layering. The gastric periphery shows hyperechoic fat tissue/omentum with poor definition. The epigastric lymph node is mildly enlarged being normal in shape and echotexture. Small and large intestine present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. Mesenteric lymph nodes are considered as normal.

BREED

DSH

SEX

FS

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

AGE

9 Years

Free Abdomen

WEIGHT

7.05 lbs

No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric/pyloric neoplasia with signs of a reactive-inflammatory steatitis/lymphadenitis

Secondary

- Indicated hypoechoic subcapsular rim both kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings are almost pathognomonic for gastric lymphosarcoma. This would match with cytology results and the clinical presentation of the patient. Possible differentials include severe inflammatory changes (lympho-plasmacellular/eosinophilic gastritis), which are very unlikely since the stomach/pylorus are partially affected with transitions to normal wall. However, lympho-plasmacellular and eosinophilic gastritis are seen with early-stage lymphoma. Gastric ulcer is another potential differential and could mimic neoplasia. Regarding the cytology report ulcer. I would exclude the latter. The adjacent hyperechoic tissue speaks for an active process and is seen with perifocal peritonitis due to neoplasia and primary/secondary inflammation.

Changes of the kidneys are bilateral and subtle. A hypoechoic subcapsular rim again is commonly seen with renal lymphoma.

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Sharon Forster-Blouin
PhD DVM

INVOICE

47047

DATE

8-19-21



PATIENT

Abby Akers

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

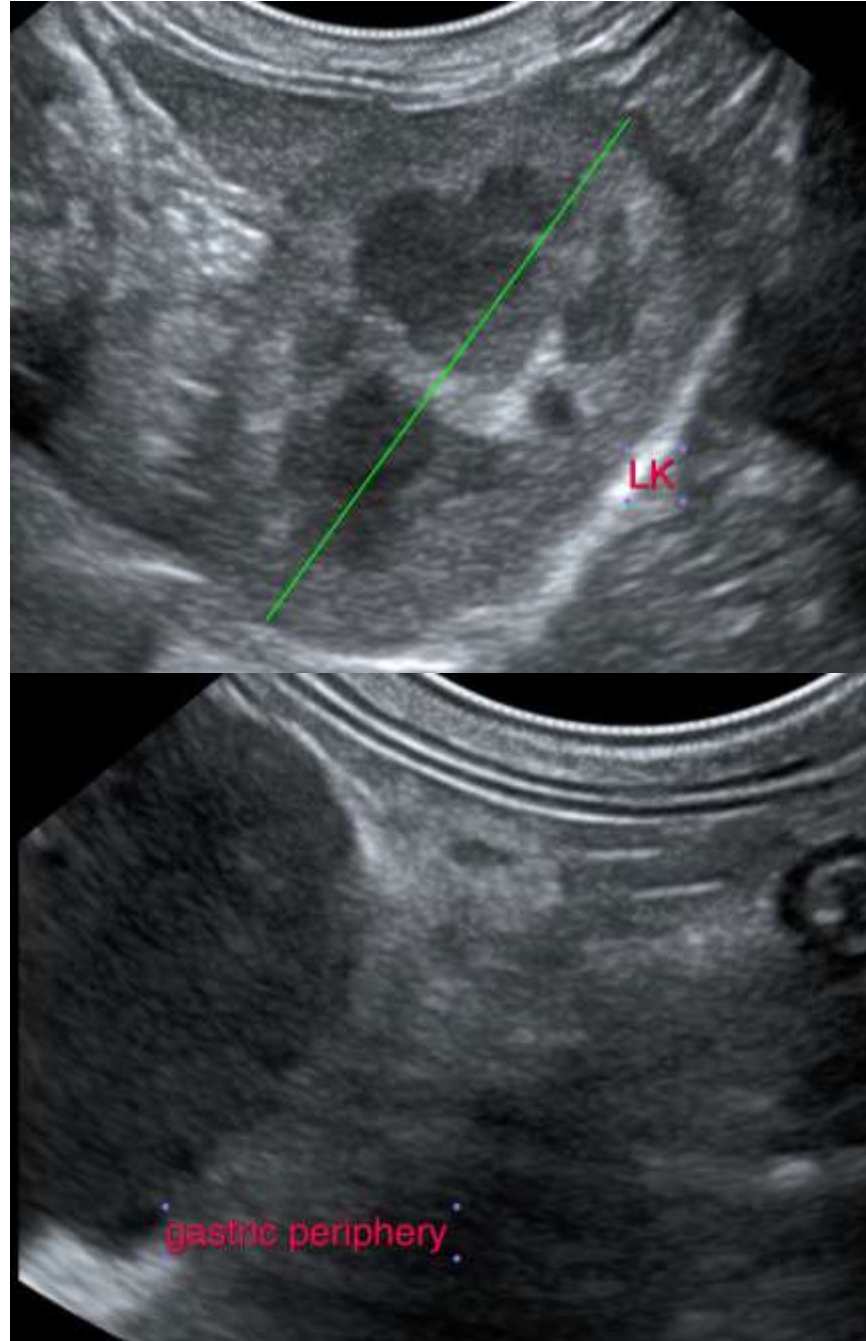
Sharon Forster-Blouin
PhD DVM

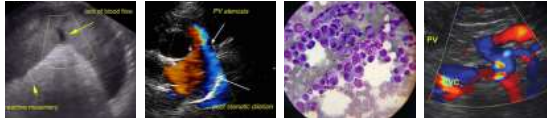
INVOICE

47047

DATE

8-19-21





PATIENT

Abby Akers

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

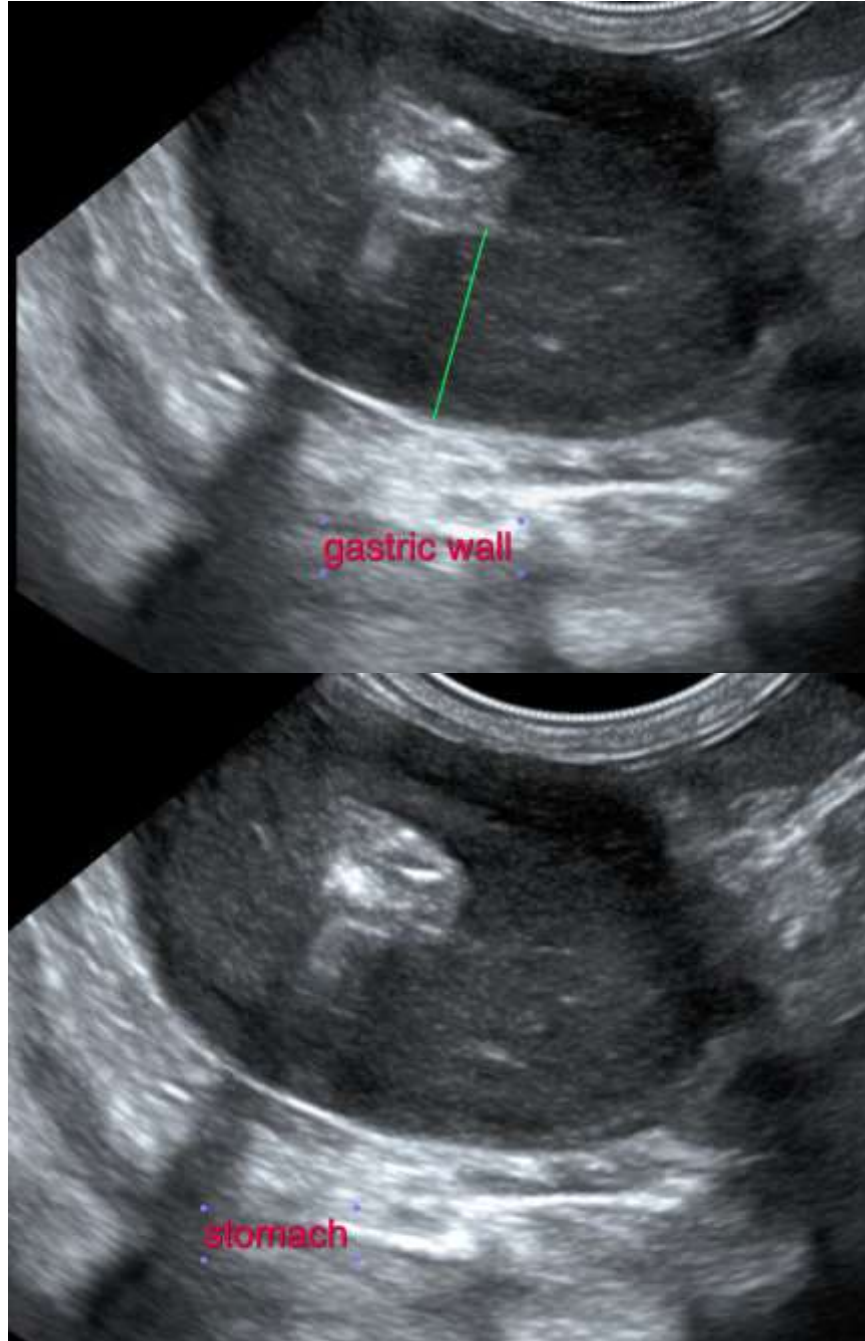
Sharon Forster-Blouin
PhD DVM

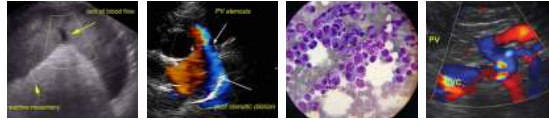
INVOICE

47047

DATE

8-19-21





PATIENT

Abby Akers

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

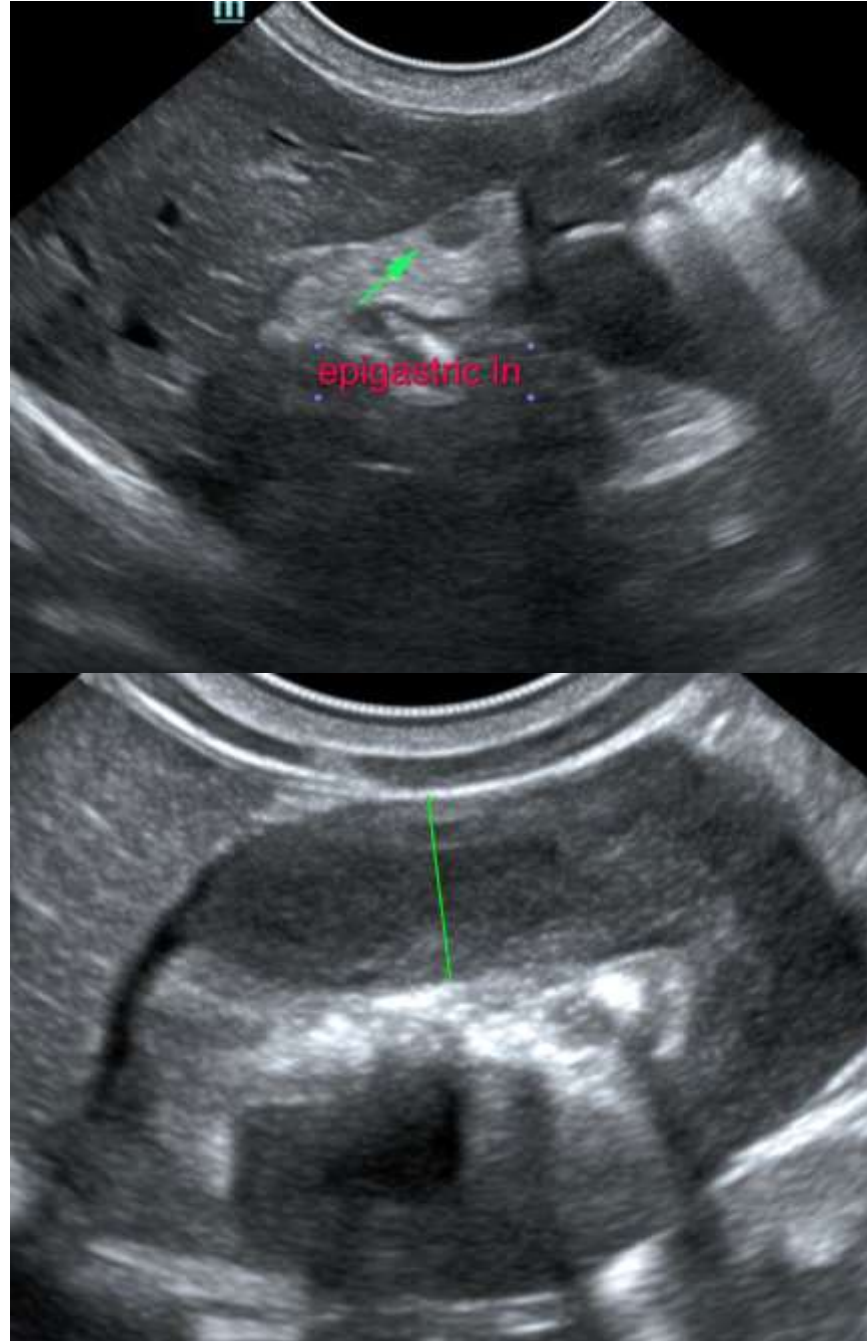
Sharon Forster-Blouin
PhD DVM

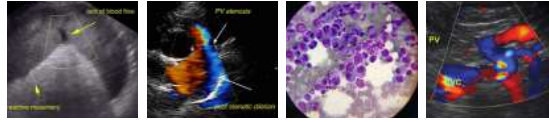
INVOICE

47047

DATE

8-19-21





PATIENT

Abby Akers

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

BREED

DSH

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com

SEX

FS

AGE

9 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Sharon Forster-Blouin
PhD DVM

INVOICE

47047

DATE

8-19-21